

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

Covered Infertility Benefits (two courses per covered person/lifetime for subscriber, spouse or domestic partner)

This chart provides highlights of currently available benefits. For a detailed description of benefits and exclusions for each plan, please review each plan's Evidence of Coverage, available on sfhss.org.

Benefit Description	<u>Blue Shield</u>	<u>Kaiser Permanente</u>	<u>UHC PPO Plan</u>
<i>All services indicated below must be determined to be medically necessary, by respective plan, in order for the service to be covered by the plan.</i>			
In Vitro Fertilization (IVF) is the series of procedures in which a mature eggs are retrieved from the ovary and is fertilized with sperm in a laboratory setting. The embryo is then placed in the woman's uterus.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% shared cost to member through participating provider, not covered out of network. 12-month embryo storage in connection with an ART treatment cycle.	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers.
Gamete intrafallopian transfer (GIFT) is an infertility treatment in which eggs are removed from a woman's ovaries, and placed in one of the Fallopian tubes, along with the man's sperm.			
Zygote intrafallopian transfer (ZIFT) is an infertility treatment used when a blockage in the fallopian tubes prevents the normal binding of sperm to the egg. Egg cells are removed from a woman's ovaries, and in vitro fertilized. The resulting zygote is placed into the fallopian tube by the use of laparoscopy.			
Intra-Cytoplasmic Sperm Injection (ICSI) is an in vitro fertilization procedure in which a single sperm is injected directly into an egg. Defective sperm function remains the single most important cause of human infertility.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers.
Pre-implantation Genetic Screening (PGS) allows embryos to be screened using an array of tests (e.g. comparative genomic hybridization, quantitative polymerase chain reaction and single nucleotide polymorphism). Embryos that receive a Pre-implantation Genetic Diagnosis (PGD) (e.g. aneuploidy) are not selected for fertilization. PGS/PGD have been found to reduce the rate of miscarriage and improve the success of implantation. This also prevents the need for implanting multiple embryos in order to have a successful implantation and reducing the possibility of multiple births.	Offered @50% shared cost to member through participating provider, not covered out of network.	PGD/PGS is covered when determined medically necessary by a Plan provider. Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers.
Elective single embryo transfer - the American Society for Reproductive Medicine guidelines recommend only single embryo transfer. Implementation of two embryos/eggs increase the chance of multiple births which have higher risks of prematurity, future health issues and learning challenges due prematurity, and pregnancy complications.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers.
Assisted hatching is a laboratory technique that was developed when fertility experts observed that embryos with a thin zona pellucida had a higher rate of implantation during in vitro fertilization. An important process in the fertilization of an egg is the ability of the sperm to penetrate the egg "shell" (zona pellucida). With assisted hatching, an embryologist uses micromanipulation under a microscope to create a small hole in the zona pellucida.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers.

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Diagnostic Services	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers.
Insemination Procedures - Artificial Insemination (AI) and Intrauterine Insemination (IUI)	Offered @50% shared cost to member through participating provider, not covered out of network. (AI) – 6 natural intra-cervical (IUI) – 3 stimulated intra-uterine	Offered @50% shared cost to member through participating provider, not covered out of network. Current clinical guidelines allow for up to a total of 6 combined AI and/or IUI procedures.	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers. (AI) – 6 natural intra-cervical (IUI) – 3 stimulated intra-uterine
Testicular Sperm Aspiration (TESA)/Microsurgical Epididymal Sperm Aspiration (MESA) – male factor associated surgical procedures for retrieval of sperm	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers.
Pharmaceutical Products for the treatment of infertility - Inclusive of oral medications for ovulation induction and injectable hormones	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers.

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Storage and Cryopreservation

Benefit Description <i>All services indicated below must be determined to be medically necessary, by respective plan, in order for the service to be covered by the plan.</i>	Blue Shield Egg/sperm storage benefit limited to once per lifetime.	Kaiser Permanente 12-month egg/sperm/embryo storage benefit available for Fertility Preservation second to Cancer diagnosis.	UHC PPO Plan Egg/sperm storage covered only in connection of ART for 12 Months. Egg/sperm storage benefit also available for Fertility Preservation.
Egg and Sperm Preservation <i>The Fertility Preservation Benefits which are listed in this section are effective January 1, 2019 through December 31, 2019.</i> <i>The Fertility Preservation Benefits which are effective January 1, 2020, are subject to modification as a result of California law SB600 (Fertility Preservation Act) which was signed in October 2019. Any changes to these existing benefits will be announced prior to January 1, 2020.</i> https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB600	Offered @50% shared cost to member through participating provider, not covered out of network – includes one retrieval and a year of storage per person when retrieved from a subscriber, spouse or domestic partner	Offered @50% shared cost to member through participating provider, not covered out of network for Fertility Preservation, second to a diagnosis of Cancer. One retrieval per lifetime, and for up to 12 months storage	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers. Limited to 12 continuous months (1 year) of storage per covered person during entire coverage period. Must be associated with GIFT/IVF/ZIFT procedure. Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers. Limited to 12 continuous months (1 year) of storage per covered person for Fertility Preservation.
Frozen Embryo Transfer (FET) - Coverage of FET is inclusive of required diagnostics (ultrasounds, blood work and embryology) to ensure that the previously cryopreserved embryo is thawed and transferred into the patient's uterus at the appropriate time.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% shared cost to member through participating provider, not covered out of network.	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers